

Perception of Universitas Padjadjaran Students towards Psychotic Disorders

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Abstract

Background: Psychotic disorders have a very high incidence in Indonesia and are the first rank in terms of the global burden of disability. Students are the frontline in the face of society. The formation of stigma and discrimination is rooted from bad perceptions. The aim of this study was to determine and measure Universitas Padjadjaran students' perceptions towards psychotic disorders and find out why these perceptions can be shaped.

Methods: The design of study was a sequential explanatory mixed method research. The population of this study is glittering Universitas Padjadjaran students who were in Jatinangor between batches 2011 to 2013. Samples were taken using cluster and stratified random sampling. Quantitative data retrieval was collected by using a self-administered questionnaire. Next, there would be focused group discussions and in-depth interviews which discussed the results of the quantitative data collection then interpreted them qualitatively.

Result: The percentage of students at Universitas Padjadjaran with perception of psychotic disorders in good category was 19.04%, 80.96% unfavorable category, and bad 0% (n=126). Besides various relevant opinion found why these perceptions were formed, such as a lack of education on students towards psychotic disorders, the existence of stigma based on life experience of psychotic patients, the lack of social media and physical campaign towards the psychotic disorders.

Conclusions: The perception of Universitas Padjadjaran students towards psychotic disorders is still relatively unfavorable, therefore literation towards psychotic disorders should be provided through education, campaigns, social media utilization by psychiatrists and the government.

Keywords: Perception, psychotic disorders, university students

Introduction

The World Health Organization¹ (WHO) stated that the number of people with psychotic disorders around the world is 24 million people, and this number is projected to increase rapidly. The psychotic disorder was ranked first in the world burden in terms of disability by 13% of the population. A psychotic disorder was mostly experienced at the age of childbearing. In male it started at the average age of 25.4 years and in female at 27.5 years. According to Riset Kesehatan Dasar² (RKD) 2013, the prevalence of psychotic disorders in Indonesia was 1.7 per mile area. West Java ranked high among all the provinces in Indonesia which is 1.6 per mile area. In

Sumedang², the number of psychotic disorders was 0.8 % of the entire population.

Many recurrences of psychotic disorder were caused by the behavior of the community in the form of stigma and discrimination. It was likely preceded by an initial negative perception towards people with psychotic disorders. The prevalence of psychotic disorder at the high productive age, and the many factors that could lead to the perception of the problem were the main reasons for conducting a study to determine the perception of students at Universitas Padjadjaran toward psychotic disorder as the agent of change, the guardian of values, and iron stock for this nation so that the problem could be overcome well.³

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Methods

The study design used the sequential explanatory mixed method. The population in this study was students at Universitas Padjadjaran, with a total number of 126 people. This study was conducted in 2014. Inclusion criteria for this study were students at Universitas Padjadjaran and willing to be the respondent, and were from batch of year 2011 to 2013 who were also actively running the program of undergraduate studies at Universitas Padjadjaran, Jatinangor. The exclusion criteria in this study were those who did not fill out the questionnaire data correctly and completely.

This study has received ethical permission from the Health Research Ethics Committee of the Faculty of Medicine, Universitas Padjadjaran, and got research recommendations from the Faculty of Medicine Universitas Padjadjaran.

This study began with collecting quantitative data by using a valid and reliable self-administered questionnaire after it was translated to English. Then, the focus group discussions were held along with 2 groups consisting of 6 to 8 people from the same population who discussed the results of the quantitative data collection. Furthermore, after they were carried out, in-depth interviews with mental health experts were held as triangulation to explore why the current perception could be formed. The results of the focused group discussion and in-depth interview were then interpreted qualitatively.

The sampling technique in this study used cluster sampling on faculties at Universitas Padjadjaran, and stratified random sampling on each batch in each faculty. Then, the study data were analyzed using the univariate analysis. This analysis produced a frequency distribution and percentage of existing variables. Formula:

$$P = (\sum X) / N \times 100\%$$

Specification:

P = Percentage of respondents rating

X = total value of respondents

N = total maximum value of the question

The interpretation of the results were using standard of objective criteria for perception, where the result of "good" was obtained when the P value was more than 75%, the result of "unfavorable" if they were between 50% to 75%, as well as the results of "bad" if less than 50%. Then, the collected data was analyzed using a computer software.

Results

Out of 126 students, about 80.89 % had unfavourable perception towards psychotic disorders, and only a small percentage of students had good perception (Table 1). This study discovered that if the students were divided according to the faculty of origin, the percentage of unfavourable perception was lower compared to the total percentage (Table 2).

Furthermore, knowledge, attitude, and understanding of mental health care were the criteria for forming bad perceptions of Universitas Padjadjaran students towards psychotic disorders. Knowledge became the criterion with the lowest percentage, followed by attitude, then understanding of the health care in sequence (Tables 3, 4, and 5).

In addition, the lack of direct action in the form of campaign by using data and facts of psychotic disorder towards students and the public was the reason that students themselves still lacked insight to psychotic disorders such as diagnosis, treatment, prognosis, and how to overcome the stigma around them.

Discussion

Moreover, it could be understood that knowledge, attitude, and understanding of mental health care formed criteria of

Table 1 Perception of Universitas Padjadjaran students towards Psychotic Disorders

Perception Category	Frequency (n=126)	Percentage
Good	24	19.05
Unfavorable	102	80.89
Bad	0	0
Total	126	100

Table 2 Perception of Universitas Padjadjaran Students towards Psychotic Disorders per Faculty

Faculty	Average (%)	Perception Category
Medicine	65.93	Unfavorable
Mathematics and Natural Science	67.22	Unfavorable
Agriculture	68.80	Unfavorable
Dentistry	67.87	Unfavorable
Social Science and Polical Science	69.44	Unfavorable
Cultural Science	67.41	Unfavorable
Psychology	62.88	Unfavorable
Animal Husbandry	64.63	Unfavorable
Communication Science	68.15	Unfavorable
Nursery	69.26	Unfavorable
Fisheries and Marine Science	68.15	Unfavorable
Agriculture Industrial Technology	68.70	Unfavorable
Pharmacy	66.67	Unfavorable
Geological Science	69.26	Unfavorable
Average	67.45	Unfavorable

perception.⁴ Knowledge became the main determining factor rather than attitude and understanding of mental health care.⁵

Humans formed perceptions through several processes. Initially, when a foreign target was found, we will open ourselves to

different information cues and want to learn more about the target. Furthermore, we make efforts to gather more information about the target. We found some familiar properties that help us categorize the target.⁶ We endeavor to look for more cues that confirm categorization

Table 3 Knowledge of Universitas Padjadjaran students towards Psychotic Disorders per Faculty

Category	Faculty	Percentage
Knowledge	Medicine	62.96
	Mathematics and Natural Science	62.96
	Agriculture	62.96
	Dentistry	66.67
	Social Science and Political Science	64.40
	Cultural Science	60.74
	Psychology	57.78
	Animal Husbandry	62.22
	Communication Science	61.48
	Nursery	66.30
	Fisheries and Marine Science	59.63
	Agriculture Industrial Technology	67.04
	Pharmacy	61.85
	Geological Science	64.44
	Average	62.96

Table 4 Attitude of Universitas Padjadjaran students towards Psychotic Disorders per Faculty

Category	Faculty	Percentage
Attitude	Medicine	65.18
	Mathematic and Natural Science	67.03
	Agriculture	71.11
	Dentistry	66.85
	Social Science and Political Science	69.07
	Cultural Science	68.15
	Psychology	63.52
	Animal Husbandry	64.07
	Communication Science	71.30
	Nursery	68.15
	Fisheries and Marine Science	69.81
	Agriculture Industrial Technology	67.04
	Pharmacy	66.48
	Geological Science	71.48
	Average	67.80

of selectively targets. We also actively ignore the nature that violates our initial perception. Our perception become more selective and we finally figure a picture that is consistent with the target.⁷

The shape of perception itself was obtained from a number of factors: the perceiver or people, who are conscious about the suitability to judge, setting or everything which have to do with the environment, the norm around

Table 5 Health Care Understanding of Universitas Padjadjaran students towards Psychotic Disorders per Faculty

Category	Faculty	Percentage
Understanding of Health Care	Medicine	70.37
	Mathematic and Natural Science	71.85
	Agriculture	70.00
	Dentistry	71.11
	Social Science and Political Science	75.18
	Cultural Science	72.59
	Psychology	66.67
	Animal Husbandry	68.15
	Communication Science	68.52
	Nursery	71.11
	Fisheries and Marine Science	73.33
	Agriculture Industrial Technology	73.70
	Pharmacy	71.85
	Geological Science	69.63
	Average	71.00

them, and idealism as well as the perceiver or the target which is something or someone who assessed. It is closely related to the characteristics of a person's perception, the separation of the individual's background, size, motion, and others.⁸

The theory of planned behavior stated that the attitude toward behavior is a subjective norm (perception) with a foundation of knowledge and perceived behavioral control, together are forming intentions of individual behavior.⁹

As for some of the criteria for the diagnosis of psychotic disorder with signs of delusions, hallucinations, garbled speech, bad behavior, and others could be viewed directly without any treatment or therapy was appropriate and consistent. In prognosis, people who suffer from psychotic disorders could lead a normal life if they get proper treatment and early detection.¹⁰ Based on a study conducted by Domiguez et al.¹¹, it found that the patient's relapse usually occurs if the family is not ready and lacked adequate information to make adjustments to the presence of large family members who experience psychotic disorder.

A study conducted by Emsley et al.¹² showed that the main cause of relapse in the patient's treatment is ineffective therapeutic regimen which is 60.8%, although knowledge of psychotic disorder is in the high category, bad family attitude towards patients with serious psychotic disorder is 54.9%. Bad behavior towards patients with serious psychotic disorders is 60.8%. At the end, a bad perception of the patient's psychotic disorder leads to relapse as much as 62.7%. Environmental factors are already supporting the patient while in the house supporting the patient is as many as 56.9%, but there are still 43.1% who state that the environment does not support the patient while at home.

In a study conducted by Corrigan et al.¹³, the public in general assume that people with psychotic disorders are dangerous individuals and are mainly caused by social factors and environment. Subsequently, they are informed about the genetic basis which are also more likely to stigmatize the entire family of the patient. Although certain social categories indicate that the stigma may vary from time to time and place, three basic forms of stigma (physical deformity, bad personal traits, and the status of ethnic outgroups) are found in most cultures and eras, leading some researchers hypothesize that the tendency to stigmatize may have a tendency to form little by little on specific things.¹⁴

In a similar study conducted in Iraq by Sadik et al.¹⁵, this bad perception is due to the lack of education about psychotic disorders. It could be enhanced with the access of health services to the community of psychotic disorders, with treatment, and good monitoring to people with a psychotic disorder.

Additionally, perceptions of psychotic disorder may be formed from knowledge, attitude, and understanding of mental health care. The perception of Universitas Padjadjaran students towards psychotic disorders was unfavorable. This perception could form bad behavioral intentions to psychotic disorders. These behavioral intentions were not good as they shaped bad behavior to psychotic disorders, such as stigma and discrimination, which will reduce the rate of cure and improve recurrence of the psychotic disorder.

The limitation of this study was some of the students when randomly selected as samples were hard to be found, so the randomization of the sample was repeated in order to fulfill the number of samples.

It can be concluded that the perception of Universitas Padjadjaran students towards psychotic disorders is unfavorable. This perception is formed from a lack of education, campaigns, social media utilization, as well as a bad living experience of people with psychotic disorders. This shows that Universitas Padjadjaran students are illiterate towards psychotic disorders.

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